Statewide Crisis Supports

A Best-Practice Model

Stone Belt
preparing, empowering and supporting individuals with disabilities

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Brief Introduction of the Presenter

- Director of Southern Indiana Crisis ‘07 - ‘10
- Designed technical components of Crisis Services as part of RFP in two other states
- Presented on Crisis at national (NADD) and state (INARF & INABC) conferences
- Published articles on Crisis and High-Acuity support structures

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Current Role – Clinic Director

- Outpatient Psychiatry & Psychotherapy
- Behavior Support / Waiver & SGL
- Skills Development partnership with CENTERSTONE

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2007 - 2020: Where is Indiana Now?

1. 2007 - 2010: Indiana positioned as a leader in the Nation with its Crisis Program
2. 2014: U. of New Hampshire Gap Analysis
3. 2017 - Current:
   - House Enrolled Act 1102
   - 1102 Task Force & Recommendations
   - HB 1488

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What is left of Indiana's Crisis Program

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U. of New Hampshire Gap Analysis

- 2014 – Indiana's DDRS formed a Task Force to study mental health issues
- The University of New Hampshire was hired to conduct a study
- Nine focus groups, 40 family interviews, and a research survey with 1400 total stakeholder participants

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2014: UNH Gap Analysis Results:

Key Indiana services remain unavailable

Availability of Service (% all or some of what is needed)			
Service	Overall Availability	Providers	Families
Outpatient mental health Therapy	48.87%	51.32%	38.83%
Clinical Consultation	44.10%	48.54%	37.25%
Staff Training	42.79%	45.02%	37.86%
Outpatient Psychiatry	41.64%	44.27%	35.35%
Diagnostic Assessment	40.00%	42.41%	29.90%
Crisis Prevention Services	37.31%	40.18%	27.18%
Substance Abuse Treatment	33.79%	32.59%	23.47%
Service Consultation	30.47%	28.82%	20.20%
Crisis Intervention Services	25.54%	25.61%	19.59%
Community-Based Psychiatric Inpatient Beds	23.96%	25.95%	16.84%
Mobile Crisis Services	21.59%	20.84%	20.79%
Crisis Stabilization/Hospital Diversion	18.73%	18.16%	17.35%
Out-of-Home Crisis Respite Services	17.67%	18.85%	12.37%

University of New Hampshire

Indiana Service System Analysis
September 30, 2014

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New Initiatives based on Gap Analysis:

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1102 Task Force Crisis Recommendation:

The establishment of a statewide IDD crisis response program utilizing all available federal funding (i.e., Medicaid HCBS waiver, etc.) and, as needed/required, State funding with the following crisis best practice components:

1. *24 hour telephone Response/Hotline*;
2. *In-Home Service*;
3. *Temporary Out-of-Home Placement resources for stabilization purposes*;
4. *Telemedicine capacity and coverage*;
5. *Reduction of risk/stabilization*;
6. *Prevention strategy to anticipate/eliminate re-occurrence*;
7. *Program staff/personnel and contractors should include*:

- Psychiatrist
- Behavior Clinicians or BCBAs
- Psychologist
- Direct Support Professionals for temporary staff support
- Registered Nurse consultation

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Look Familiar? Indiana 2007-2010

1. 24/7/365 Hotline
   - Toll-Free
   - Live Person answers the phone for Initial Triage
   - Clinician Phone Contact within 30 minutes
2. In-Home Services
   - Within 24 hours - usually much sooner
3. Temporary Out-of-Home Placement
   - Guaranteed to Anyone in Need, including wait list

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1102 Task Force Improvements

1. Telemedicine
   - Some telemed provided 2007 - 2010
   - COVID-19 period has taught everyone how to use it
   - Allows quicker access, especially psychiatry
   - Great for families, too

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1102 Task Force Improvements

2. Risk Management
   - Most crisis intervention is *reactive*
   - Risk Management can be *proactive/preventative* *(Wiltz & Harris, 2013)*
     - "High-Flyer" list; Crisis team site-visits at random; same procedures and teams during down time
     - Follow-up after crisis case closure to check on Crisis Plan implementation, etc.

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1102 Task Force Improvements

3. Direct Support Professionals (DSPs)
   - Temporary staffing support in home
   - Support for Families *(incl. FSW clients)*
   - Trainers for caregivers – e.g., safe holds
   - Improved assessment – “eyes on the ground”

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Back to Basics

What is Crisis &

What are Potential Outcomes

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Crisis for People with I/DD

- A behavioral or Psychiatric Emergency
- Dangerous or could quickly become so, including possibility of Serious Harm
- May result in arrest or Hospitalization
- Could jeopardize Placement or lead to life in an Institution

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What is a Crisis?

It can be Scary!

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Purpose of Crisis Supports

Crisis Supports can . . .

. . . quickly respond

. . . reduce danger

. . . keep you in your current home

. . . prevent arrest or hospitalization

. . . advocate for families who feel overwhelmed

. . . help

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"Typical" Crisis Case Example

All Cases are Unique – a Common Pattern is:

- Individual being Aggressive toward Provider Staff
- Crisis Hotline call for *immediate* hospitalization
- Instead, a site visit takes place
- Clinician reviews data & BSP; collaborates with IDT
- Medication review by Psychiatrist
- Client Stable; Case Closure; No Police, No Hospital

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Other Types of Crisis Calls

- Crisis Call Placed after Incarceration
  - Facilitate transfer to Out-of-Home Placement for Treatment instead of Jail
  - Work with Providers or Families for Discharge back Home
- Crisis Call Placed by Overwhelmed Parent
  - Help connect to community resources
  - Behavioral Coaching & Behavior Support Plan Implementation
  - Assist with psychiatry appointment

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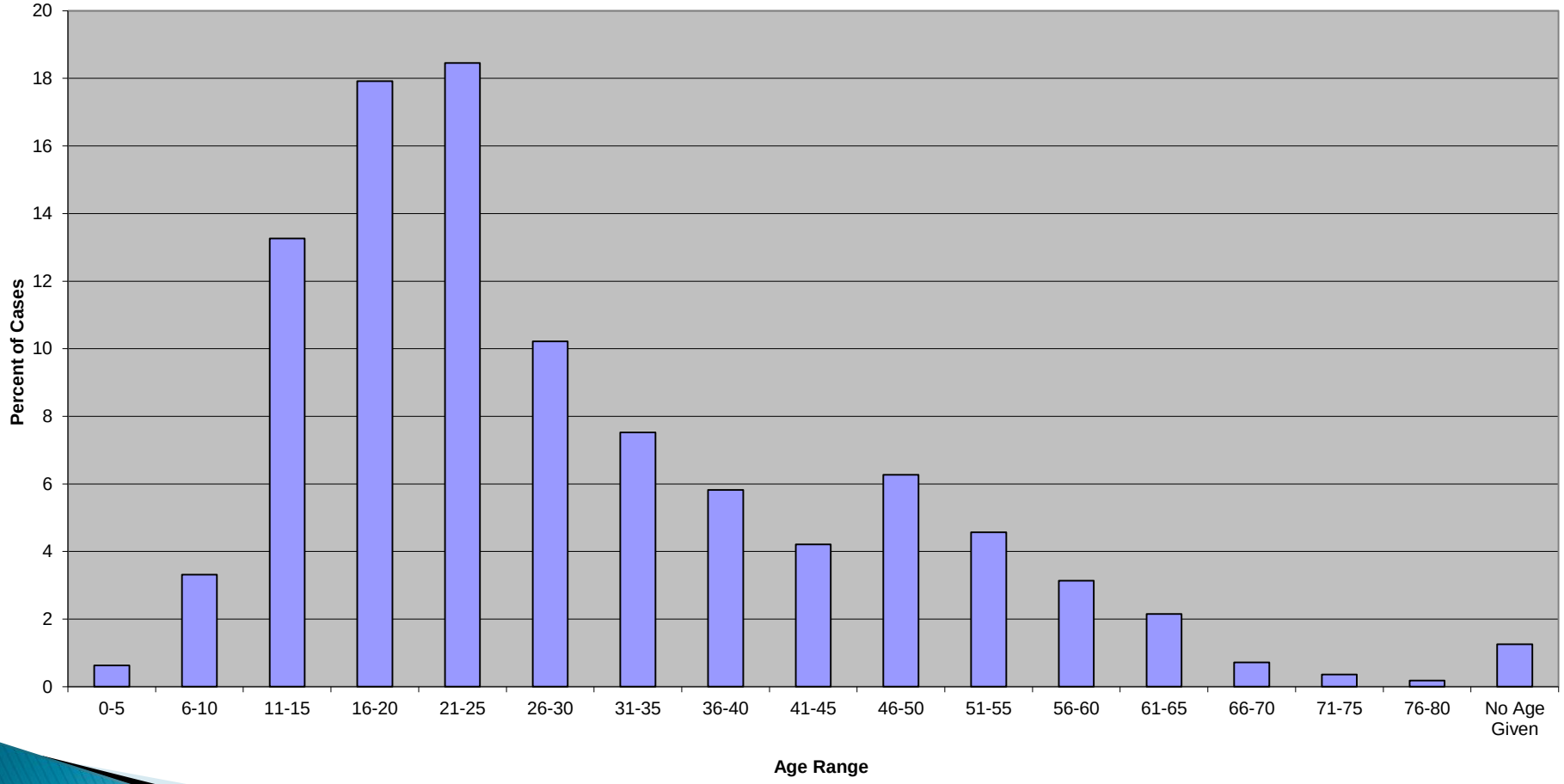
Indiana Crisis – Serving All Ages



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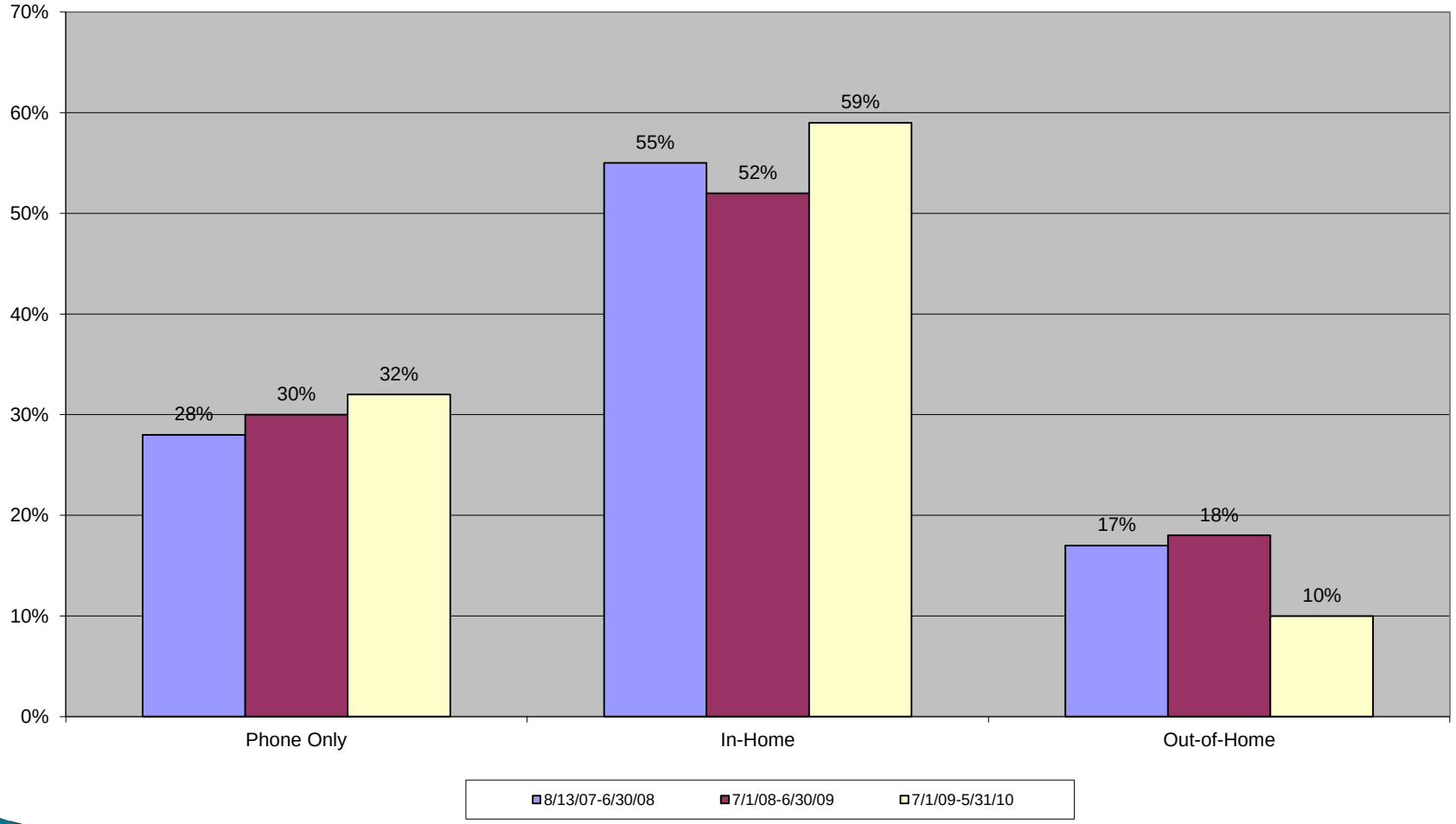
Most served in Their Own Homes



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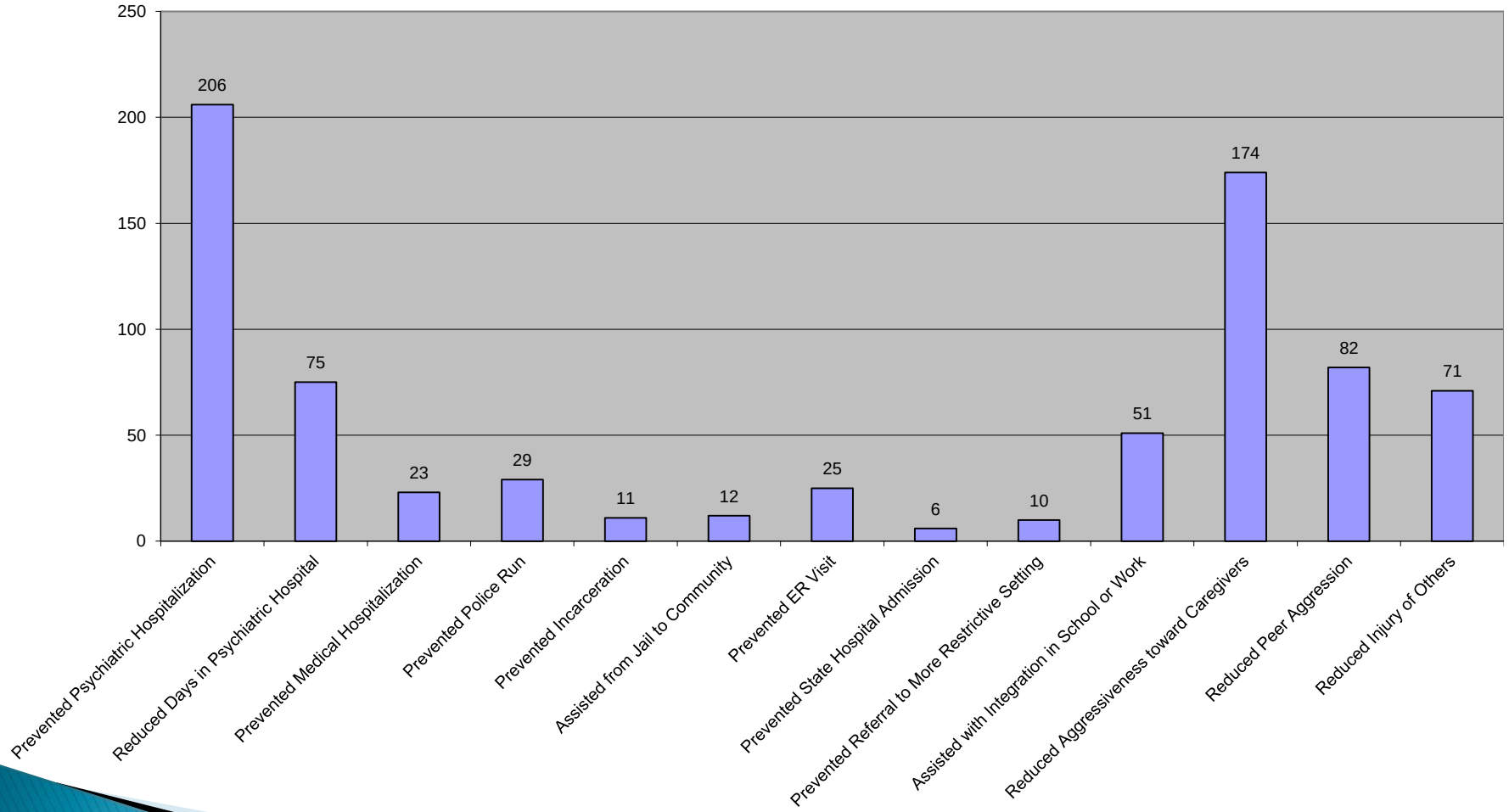
Crisis Outcomes: July '09 - May '10



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Summary

- Crisis supports are a valuable Community Resource
- We have Indiana ”know how”
- Crisis supports can keep people living safely in their homes & avoid expensive placements
- Crisis intervention can prevent arrests and hospitalizations
- It reduces danger to caregivers & peers

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Questions?